

Washington State: Standard Statewide Measures of Health Care Performance

Project Overview

In 2014, the Washington State Legislature passed ESHB 2572, which is a law relating to improving the effectiveness of health care purchasing and transforming the health care delivery system. A portion of this legislation (Section 6) relates to the development of a statewide core measure set. Specifically, the Washington Health Care Authority (HCA) with support from the Washington Health Alliance (the Alliance) is directed to facilitate a Performance Measures Committee (the Committee) that is charged with recommending standard statewide measures of health performance by January 1, 2015. It is intended that use of these measures will inform public and private health care purchasers, and will enable identification of benchmarks (i.e., goals) against which to track costs and improve health care outcomes.

Principles

The following are principles, some of which are included in the legislation and others proposed by HCA and Alliance staff, that further define this work and form the “guard rails” that determine the scope of this effort.

1. The Committee’s planned work in 2014 shall represent an *initial* effort to recommend standard statewide measures of health care performance. As an initial effort, the resulting product will be considered a “starter set” of health performance measures rather than an all-encompassing set of measures that that would create undue burden on providers and payers alike. As such, the Committee shall recommend a measure set that:
 - Is of manageable size with no more than 45 measures included;
 - Is based on *readily available* health care insurance claims and/or clinical data, and
 - Gives preference to nationally vetted measures, particularly measures endorsed by the National Quality Forum.
2. Recommended measures will fall within three domains: 1) prevention, 2) acute care, and 3) chronic illness care. Cross-cutting considerations will help to focus on the overall performance of the system; these include dimensions of access, clinical process and outcomes, care coordination, patient safety, cost, efficiency, utilization and patient experience. The measures may be either evaluative or descriptive in nature. The Committee shall take into account, to the extent possible, the Governor’s performance management system measures and common measure requirements specific to the Medicaid program.

Taken as a whole, the measures will help to identify the lowest cost, highest quality care for preventive care and acute and chronic conditions.

3. Results from the recommended measure set may be used to assess performance at the county, health plan, medical group and/or hospital level. It is anticipated that results will be reported in an un-blinded manner when numerators and denominators are sufficient to produce results that are statistically valid and reliable. The measures can be applied to other types of health care delivery organizations. Future iterations of the measure set may focus measures specifically on other types of providers.
4. The goal is ultimately to promote voluntary measure alignment among state and private payers. To that end, efforts will be made to establish a measure set that can be used by multiple payers, clinicians, hospitals, purchasers, and counties for health improvement, care improvement, provider payment system design, benefit design, and administrative simplification efforts, as appropriate.

Approach

The **Performance Measures Committee** is made up of stakeholders named in the legislation and appointed by the Governor. The Committee will be chaired by the Director of the Washington State Health Care Authority (HCA) and co-chaired by the Executive Director of the Washington Health Alliance (the Alliance); the co-chairs are charged with developing a transparent process for measure selection which includes opportunities for public comment. The HCA will provide the coordination, facilitation and staff support for the Committee.

The Committee is responsible for:

- Setting the overall direction for developing recommendations regarding a core measure set, including finalizing the scope of measurement, the measure selection process, and potential measurement stratifications;
- Providing ample opportunity for public comment to inform the selection of measures;
- Reviewing and recommending a final core measure set to the HCA; and,
- Recommending an ongoing process to periodically evaluate the measure set, adding to it and/or modifying it as needed over time.

The Committee will meet three times between June and December 2014.

- During the first meeting in June, the Committee will discuss an overall approach to developing the core measure set and will define an approach for technical work groups to identify and recommend proposed measures.
- During the second meeting in October, the Committee will hear of the progress of the technical work groups to date, discuss particular issues that have been raised during the work group process and provide direction.
- A proposed core measure set will be released for public comment by the Committee prior to finalizing the proposed measure set.
- During the final meeting in December, the Committee will review and vote on a measure set, based on work and recommendations of the technical work groups and informed by public comment.

The **HCA** has the responsibility to facilitate public input and the final authority to formally accept recommendations from this process and establish a statewide measure set.

There will be three **Technical Work Groups** focusing on 1) prevention, 2) acute care, and 3) chronic illness care. In considering the three domains, both the prevention and the chronic illness care domains will focus on population or primary care-related measures, and the acute care domain will focus on population, hospital or specialty care-related measures. Performance may be assessed at the county, health plan, medical group and/or hospital level. Under each domain, consideration will be given to the populations served.

- The Alliance will provide the coordination and facilitation for the technical work groups.
- Each technical work group will be charged with reviewing specific measures within their domain against the criteria selected and prioritized by the Committee during its initial meeting.
- The technical work groups will consider a range of access, clinical process and outcomes, care coordination, patient safety, cost, efficiency, utilization and patient experience measures across the domains.
- The technical work group will consider how measures might be stratified for particular populations (such as persons with disabilities and individuals with serious mental illness).
- The HCA will post high-level summaries of the technical work groups' meetings online and accept public feedback. The technical work groups will consider public comment in their deliberations.
- The technical work groups will recommend specific measures for inclusion in the measure set, as well as measures to consider for adoption.
- The technical work groups will each be comprised of fewer than 10 individuals. Members of the technical work groups will be selected for participation by the Alliance and the HCA.

Measure Selection Criteria

At its first meeting, the Committee will be asked to approve measure selection criteria to be used by the technical work groups as they select proposed measures for recommendation to the Committee. *At a minimum*, these selection criteria must be consistent with the guiding principles laid out for this effort. Specifically, measures must:

- be based on *readily available* health care insurance claims and/or clinical data to enable relatively fast implementation;
- be nationally vetted and preferably endorsed by the National Quality Forum; and
- take into account, to the extent possible, the Governor's performance management system measures and common measure requirements specific to the Medicaid program